

South Dakota Department of Agriculture
Division of Agricultural Services
Foss Building, 523 East Capitol
Pierre, SD 57501-3182

Sample Collection Report

The following sample was collected and receipt is hereby acknowledged pursuant to state and federal law.

Product Category:	<input type="checkbox"/> Feed <input type="checkbox"/> Animal Remedy <input type="checkbox"/> Fertilizer <input type="checkbox"/> Soil Amendment <input checked="" type="checkbox"/> Pesticide	<input type="checkbox"/> Liquid <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid <input type="checkbox"/> Use dilution	<input type="checkbox"/> Dry <input type="checkbox"/> Dry <input type="checkbox"/> Dry <input type="checkbox"/> Formulation	<input type="checkbox"/> Bulk <input type="checkbox"/> Bulk <input type="checkbox"/> Bulk <input checked="" type="checkbox"/> Residue	<input type="checkbox"/> Bagged <input type="checkbox"/> Container <input type="checkbox"/> Container <input type="checkbox"/> Water	<input type="checkbox"/> Customer Formula <input type="checkbox"/> Customer Formula <input type="checkbox"/> Customer Formula	<input type="checkbox"/> Investigational <input type="checkbox"/> Investigational <input type="checkbox"/> Investigational
Sample Number: <u>06-SP19</u>	Date: <u>7-10-18</u>	Product/Material Sampled: <u>Foliage</u>					
Lot or Invoice#	Date Shipped: <u>7-11-18</u>	# of Containers Sampled: <u>1</u>	Size of Containers: <u>Quart</u>	Amount on Hand			
Owner/Dealer (Name and Complete Address)				Manufacturer/Registrant (Name and Complete Address)			
Sample Collected and Prepared in the Following Manner:							
EPA Reg. # (pesticide only):				EPA Est. # (pesticide only):			
Analysis Requested (Listed % guarantee if label not attached):							
Feed/Animal Remedy:		Fertilizer/Soil Amendment:		Pesticide: (List guarantee/analysis requested)			
<input type="checkbox"/> Protein	<input type="checkbox"/> Ca	<input type="checkbox"/> Nitrogen					
<input type="checkbox"/> Fat	<input type="checkbox"/> Phos	<input type="checkbox"/> Phosphorus					
<input type="checkbox"/> Fiber	<input type="checkbox"/> Salt	<input type="checkbox"/> Potash					
<input type="checkbox"/> NPN	<input type="checkbox"/> Vita	<input type="checkbox"/> Other (list)					
<input type="checkbox"/> Other (list)							
Possible Drug Analysis: (Amprolium, Arsanilic Acid, Carbadox, Chlortetracycline, Decoquinat, Dichlorvos, Lasalocid, Monensin, Oxytetracycline, Piperazine, Pyrantel Tartrate / Pamoate, Sulfa-methazine/methox ine/thiazole, Tetracycline Hydrochloride, Tylosin)							
Comments: <u>20 Ft from the soybean field in Southditch</u>							
The undersigned acknowledges that the sample shown above as obtained from products or devices that were packaged, labeled, and released for shipment or sale, or held for use, received under the supplier or carrier date provided above or that samples were taken from property or product under the							
Signature: <u>[Redacted]</u>		Title: <u>owner</u>		(Owner, Operator or Agent)			
Signature: <u>[Signature]</u>		(Inspector/Investigator)					
Chain of Custody							
Relinquished By: (Signature) _____				Date: _____ Time: _____			
Date Shipped: _____				Carrier: (Attach Record) _____			
Received By: (Signature) _____				Date: _____ Time: _____			
Lab Remarks:							

Lab - WHITE

Office - CANARY

Inspector - PINK

Agent/Owner - GOLDENROD

10/02